

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____, 20 ____.

Name:		Court Name (if different):	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)			
Street Address, Apt. Number:		Own or Rent?	Home Phone:
City, State, Zip Code:		Cellular Phone: Pager:	
Secondary Residence:		Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different):		E-Mail Address:	If yes, date moved: _____ Reason for Moving:
PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)			
Name, Address, Phone No. of Employer:		Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No
		How many days of work did you miss? _____ Why?	
		Position Held:	Gross Wages: Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why:	
PART C: VEHICLES (List all vehicles owned or driven by you.)			
1. Year/Make/Model/Color:	Mileage:	Plate Number:	Owner:
2. Year/Make/Model/Color:	Mileage:	Plate Number:	Owner:
PART D: MONTHLY FINANCIAL STATEMENT			
Net Earnings from Employment: (Attach Proof of Earnings)		Do you rent or have access to:	
Other Cash Inflows:		a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL MONTHLY CASH INFLOWS:		a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL MONTHLY CASH OUTFLOWS:		Name and Address of Location: Box No. or Space	
AMOUNT OF CASH ON HAND:			
Do you have any past due debts? <input type="checkbox"/> Yes <input type="checkbox"/> No To whom are they due (List all creditors):			
Amount past due:			
Do you have checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?	
Do you have savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: _____ Account _____ Balance: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attach a complete listing of all other financial account information, if you multiple accounts.		Bank Name: _____ Account No.: _____ Balance: _____	
List all expenditures over \$500 (including e.g., goods, services, or gambling losses)			
<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u>	<u>Description of Item</u>

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?

☐ Yes ☐ No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☐ No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?

☐ Yes ☐ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☐ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?

☐ Yes ☐ No

If yes, whom? _____

Did you possess or have access to a firearm?

☐ Yes ☐ No

If yes, why? _____

Did you possess or use any illegal drugs?

☐ Yes ☐ No

If yes, type of drug: _____

Did you travel outside the district without permission?

☐ Yes ☐ No

If yes, when and where? _____

Do you have an outstanding special assessment, restitution, or fine balance?

☐ Yes ☐ No

If yes, amount you paid this month: _____

Special Assessment: _____

Restitution: _____

Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?

☐ Yes ☐ No

Number of hours completed this month: _____

Number of hours missed: _____

Balance of hours remaining: _____

Do you have a drug, alcohol, or mental health aftercare condition?

☐ Yes ☐ No

If yes, did you miss any sessions during this month?

☐ Yes ☐ No

Did you fail to respond to phone recorder instructions?

☐ Yes ☐ No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.

(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE

DATE

REMARKS:

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN BETWEEN THE 1ST AND 5TH OF THE MONTH TO:

U.S. Probation Officer

Date